

# **The Examiner's Guide to the Marine Mammal Rehabilitation Disposition Report**

## **Introduction**

The purpose of this document is to clarify protocol for completing the Marine Mammal Rehabilitation Disposition Report (NOAA Form 89-869) in response to marine mammal stranding and subsequent treatment and rehabilitation of animals in the United States. This measure will standardize the data sent to the National Marine Fisheries Service (NMFS) from entities participating in the Stranding Network. Many of the fields on the form may have several interpretations. In order for NMFS to efficiently track the status of marine mammals that are in rehabilitation, released back to the wild, euthanized, and/or transferred to public display, this form should be completed using the following instructions. Additional comments should be included in the space provided on the back of this form.

## **Background**

The Marine Mammal Rehabilitation Disposition Report provides NMFS with information on the disposition of animals brought in for rehabilitation, the success of medical treatment, and the number of animals released. This information will assist the Agency in tracking marine mammals that move into captive display and in the monitoring of rehabilitation and release. The data will also be used to assess the burden on stranding network centers. This form will be filled out only in the case of live-stranded marine mammals. The form will be required in all five NMFS Regions. Each of the NMFS regions approves and issues a Letter of Authorization or other form of agreement to marine mammal rehabilitation centers under §112(c) of the MMPA which allows the Secretary to enter into agreements in order to fulfill the general purposes of the Act. These data will be monitored as part of the Rehabilitation Facilities Inspection program to be implemented in 2005.

Under the U.S. Code of Federal Regulation [16 U.S.C. 1374, section 104 (c) (10)], NMFS is required to track live animals held under permits for rehabilitation or captive display. The data in the Marine Mammal Rehabilitation Disposition report are required to monitor and track animals during rehabilitation and during transfer to permanent-permitted status. For public display facilities which participate in the program as a rehabilitation center, reporting becomes a critical record if the animal is retained and put on display. If that happens, reporting requirements transfer to that mandated under OMB NO. 0648 - 0084.

## **Reporting**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to National Marine Fisheries Service, Office of Protected Resources, Marine Mammal Conservation Division, 1315 East-West Highway, Silver Spring, MD 20910.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

## HEADER

FIELD #:	____(1)_____	NMFS REGIONAL #:	____(2)_____	NATIONAL DATABASE#:	____(3)_____
			(NMFS USE)		(NMFS USE)
COMMON NAME:	____(4)_____	GENUS:	____(5)_____	SPECIES:	____(5)_____
REHABILITATION FACILITY:	____(5)_____				
Address:	____(5)_____		Phone:	____(5)_____	

1. Transfer the field# that was assigned on the Marine Mammal Stranding Report - Level A Data form. Other unique identification information or assigned numbers can be added in the space on the back of this form marked "Additional Identifiers."
2. Leave this blank. NMFS will assign a regional number consistent with the National Marine Mammal Stranding Database.
3. Leave this blank. NMFS will assign a national database number consistent with the National Marine Mammal Stranding Database.
4. The common name of the stranded animal. If identity is not determined to species, list the extent to which you can classify it.
5. This is the Latin name for the animal in standard binomial nomenclature. If either genus or species is not identifiable, fill in the appropriate blank with "UNKNOWN."
6. This space is for the name, address, and daytime phone number of the Rehabilitation Facility. Do not include personal home or cell phone numbers.

## STRANDING/BIRTH HISTORY

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☐ Restrand **(1)**

Date: Year: **(2)** Month: **(2)** Day: **(2)**

Location: State: **(3)** County: **(3)** City: **(3)**

Sex: ☐ 1. Male **(4)** ☐ 2. Female **(4)**

Was this animal born to a female in rehab? **(5)**

☐ 1. NO ☐ 2. YES; Female's ID #: **(6)**

- (1) Restrand - Check this box if the animal has previously stranded, either with your organization or another. The animal may have tags from a rehabilitation facility, or may have recognizable and distinctive features. If this box is checked, you **MUST** indicate the previous numbers assigned to this animal (by your facility or others) on the back of the form in the space marked "Additional Identifiers."
- (2) Enter the date upon which the animal stranded.
- (3) Enter the standard state, county, and city names for the stranding location.
- (4) Check the box indicating the animal's sex.
- (5) Check if this was animal born to a female while the female was in rehabilitation.
- (6) If you check yes to (5) (i.e., the animal was born to a female in rehab), fill in the Field number of the female from her Level A data form.

## ADMISSION INTO REHABILITATION

<b>ADMISSION INTO REHABILITATION</b>					
Date: Year: __	(1)	Month: __	(1)	Day: __	(1)
Received From: _____	(2)				
Straight Length: _____	(3)	<input type="checkbox"/> cm	<input type="checkbox"/> in	<input type="checkbox"/> actual	<input type="checkbox"/> estimate
Weight: _____	(4)	<input type="checkbox"/> kg	<input type="checkbox"/> lb	<input type="checkbox"/> actual	<input type="checkbox"/> estimate

- (1) Enter the date upon which the animal was admitted to your rehabilitation facility.
- (2) Indicate from where this animal was obtained. This could be directly from the stranding site or from a triage site or from another rehabilitation facility.
- (3) In centimeters or inches, enter the straight length (not contoured) of the animal on the date of admission into your rehabilitation facility. Please indicate if this was an actual (physical measurement) or estimated (visual measurement) measurement. Metric units are preferred.
- (4) In kilograms or pounds, enter the weight of the animal on the date of admission into your rehabilitation facility. Please indicate if this was an actual (physical measurement) or estimated (visual measurement) measurement. Metric units are preferred.

## MEDICAL RECORD AND SPECIMEN TRACKING

MEDICAL RECORD AND SPECIMEN TRACKING	Sample or Specimen Type/Diagnostic Test/Disposition: (2)
Samples collected: (1) <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO	1. _____
Pre-release Health Screen Date:	2. _____
Year: __ (3) __   Month: __ (3) __   Day: __ (3) __	3. _____
Other Specimen Tracking: (4) <input type="checkbox"/> 1. Scientific collection	4. _____
<input type="checkbox"/> 2. Education collection	5. _____
<input type="checkbox"/> 3. Other: _____	6. _____
	7. _____
	8. _____

- (1) Indicate if samples were taken for diagnostic purposes while the animal was in your rehabilitation facility (i.e., fluid such as blood or urine, tissues such skin from a lesion, etc.). If the animal died or was euthanized, check yes and indicate in question #2, on the back of the form under “Additional Remarks” or on an attached form or page, which samples were taken for pathology or other forensic investigation.
- (2) **This is Optional.** List the specific samples or specimens that were taken, the diagnostic test or reason for sampling, and the disposition or location of the sample, on these lines, on the back of the form under “Additional Remarks” or on an attached form or page, and indicate that here (“Form attached”).
- (3) The release criteria guidelines require that a pre-release health screen be completed on all marine mammals prior to release back into the wild. Indicate the date that this was completed.
- (4) Check the following boxes to indicate if nondiagnostic specimens were collected for scientific, educational, or other purposes (i.e., skin for genetics, blubber for contaminants, bones for collection, etc.). The disposition (both transitory and final) of these specimens should be recorded on the back of the form under “Additional Comments.”
  - Scientific collection - check this box if specimens from the live animal or carcass were retained for scientific research.
  - Educational collection - check this box if specimens from the live animal or carcass were retained for education purposes.
  - Other - check this box if specimens from the live animal or carcass were collected for purposes other than scientific or educational, and record

purpose on the line provided.

DISPOSITION	
<b>Animal Morphological Data at Time of Disposition:</b>	<b>Age Class at Time of Disposition: (3)</b>
Straight Length: __ (1) __ cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate	<input type="checkbox"/> 1. Adult <input type="checkbox"/> 3. Yearling <input type="checkbox"/> 5. Unknown
Weight: __ (2) __ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate	<input type="checkbox"/> 2. Subadult <input type="checkbox"/> 4. Pup/Calf
<b>Animal Disposition</b> (Check one or more)	
<input type="checkbox"/> <b>1. Transferred to Another Facility</b> (4)	<input type="checkbox"/> <b>4. Released</b> (21)
Year: __ (5) __ Month: __ (5) __ Day: __ (5) __	Year: __ (22) __ Month: __ (22) __ Day: __ (22) __
Facility: __ (6) __	Last day of Medication: Year: __ (23) __ Month: __ (23) __ Day: __ (23) __
Address: __ (6) __	State: __ (24) __ County: __ (24) __ City: __ (24) __
Comments: __ (7) __	Locality Details: __ (25) __
	Latitude: __ (26) __ N
	Longitude: __ (26) __ W
	Released: <input type="checkbox"/> Singly (27) <input type="checkbox"/> With Other Animals (27)
<input type="checkbox"/> <b>2. Deemed NonReleaseable/</b>	
<b>Transferred to Permanent Captivity</b> (8)	
Year: __ (9) __ Month: __ (9) __ Day: __ (9) __	
Facility: __ (10) __	
Comments: __ (11) __	
I.D.#: __ (12) __	
(NMFS USE)	
<input type="checkbox"/> <b>3. Died</b> (13) <input type="checkbox"/> Euthanized (14)	<b>TAG DATA</b> *D=Dorsal; LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear
Year: __ (15) __ Month: __ (15) __ Day: __ (15) __	Tags were:
Location: __ (16) __	Pre-existing (Present at Time of Stranding): <input type="checkbox"/> YES (28) <input type="checkbox"/> NO (28)
Cause of Death: __ (17) __	Applied during Stranding Response: <input type="checkbox"/> YES (29) <input type="checkbox"/> NO (29)
Comments: __ (18) __	
Necropsied: (19) <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO   Date: __ (19) __	
Necropsied by: __ (20) __	

I.D.# (30)	Color (31)	Type (32)	Placement (33)	Applied (34)	Present (35)
			D   DF   L	<input type="checkbox"/>	<input type="checkbox"/>
			LF   LR   RF   RR		
			D   DF   L	<input type="checkbox"/>	<input type="checkbox"/>
			LF   LR   RF   RR		
			D   DF   L	<input type="checkbox"/>	<input type="checkbox"/>
			LF   LR   RF   RR		

## DISPOSITION

- (1) In centimeters or inches, enter the straight length (not contoured) of the animal on the date of admission into your rehabilitation facility. Please indicate if this was an actual (physical measurement) or estimated (visual measurement) measurement. Metric units are preferred.
- (2) In kilograms or pounds, enter the weight of the animal on the date of admission into your rehabilitation facility. Please indicate if this was an actual (physical measurement) or

estimated (visual measurement) measurement. Metric units are preferred.

- (3) Check the box indicating the animal's age class. If possible, use information based on teeth or accepted length/age data:
- adult: This age class would be used for an animal that is judged or found upon necropsy to be sexually mature.
  - subadult: This age class would be used for a animal that is judged to be greater than one year old, but not yet mature.
  - yearling: This age class would be used for an animal that is judged to be approximately one year old, using length or time of year.
  - pup/calf: This age class would be used for a stranded animal that is smaller than yearling size, or in a population where it would be younger than one year old.
  - unknown: This age class would be used for an animal if you are unable to determine its age.
- (4) Check this box if the animal was transferred to another rehabilitation facility, *while still in rehabilitation status*, during its rehabilitation.
- (5) Indicate the year, month and date of this transfer.
- (6) Indicate the name and address of the facility to which the animal was transferred.
- (7) Additional comments regarding the transfer of the animal, if any.
- (8) Check this box if the animal was not released following rehabilitation but *deemed nonreleasable* and retained in permanent captivity (i.e., retention at the rehabilitation facility as a public display or research animal or transferred to a different public display or research facility).
- (9) Indicate the date when the animal was officially designated a nonreleasable animal and was deemed a permanent captive animal.
- (10) Indicate the name of facility where the animal was retained or to which it was transferred for permanent captivity as a public display or research animal.
- (11) Additional comments, if any.
- (12) Leave this blank. NMFS will assign an official identification number for animals in permanent captivity in the Marine Mammal Inventory.
- (13) Check this box if the animal died during rehabilitation or during associated activities (i.e., during transportation or during release activities).
- (14) Check this box if the animal was euthanized by an authorized entity.



- (15) Indicate the date when the animal died or was euthanized.
- (16) Indicate the location where the animal died or was euthanized (i.e., at the facility, during transportation, during the actual release).
- (17) **This is Optional.** Describe a potential cause of death, if any was determined. If the animal was euthanized, you may indicate it here as well as the check box above (14). You may list “unknown” if the cause of death is unknown. You may list “open” if you are waiting for necropsy or test results to return, and subsequently update the report if the cause is later determined.
- (18) Additional comments, if any.
- (19) Indicate whether a full necropsy was undertaken to obtain Level-C data and the date when the necropsy was done.
- (20) List the name and contact information of the primary person/facility who conducted the necropsy.
- (21) Check this box if the animal is released following rehabilitation.
- (22) Indicate the standard year, month, and day for the release time.
- (23) Indicate the standard year, month, and day of the date on which the animal received its last dose of medication while in rehabilitation.
- (24) Indicate the standard state, county, and city names for the release location.
- (25) Using known landmarks, describe the precise locality where the animal was released.
- (26) Enter the latitude and longitude of the location where the animal was released. GPS coordinates are preferred; however, not everyone collects these data in the same format. This information can be entered using the following units: deg/min/sec; deg/min/decmin; or deg/decdeg. The abbreviations are as follows: deg.= degrees; min.= minutes; sec.= seconds; decmin.= decimal minutes; decdeg.= decimal degrees.
- (27) Indicate if the animal was released alone (singly) or as part of a group of animals. You may use the back of the form under “Additional Remarks” to provide more information about the other animals (number, ID numbers, species, etc.).
- (28) Mark if tags were pre-existing (present on the animal at the time of stranding).
- (29) Mark if tags were applied by the rehabilitation facility (i.e. prior to release, for in-house identification, etc.).

NOTE: If no tags were present or applied, the responder should check “NO” for both boxes and skip the rest of the section.

If tags were present or applied, for each row:

- (28) Write the number(s) of the identifying tag(s), brand(s), or other applied marking(s), if applicable.
- (29) Using basic color-names, indicate the identifying color of tags where applicable.
- (30) List the type of tag, brand, or other applied marking. For example, radio, PIT, plastic, roto, spaghetti, satellite, freeze brand, bleach mark, paint, etc.
- (31) Circle (ONE) the location of each applied/present marking:

D = dorsal

DF = dorsal fin

L = lateral body

LF = left front flipper/appendage

LR = left rear flipper/appendage

RF = right front flipper/appendage

RR = right rear flipper/appendage

- (32) Check “Applied” if the tags, brands, or other markings were attached to the animal by the stranding response organization for identification after the animal stranded, as part of the stranding or rescue response. If the animal was rehabilitated and released with tags or markings, please complete this section of the Rehabilitation Disposition Form and also update this part of the Level A form after they are applied.
- (33) Check “Present” if tags, brands, or other markings were already present when the animal stranded.

## **BACK OF FORM**

**ADDITIONAL IDENTIFIERS:** Include any additional information related to the Field ID number or identification of the stranding event. Examples include: previous field ID numbers if this animal previously stranded; ID numbers assigned by other organizations (including other authorized rehabilitation facilities to or from which the animal is transferred), former identification numbers from scientific research projects, etc.

**ADDITIONAL REMARKS:** Include additional identifiers, comments, and list other data sheets that may have been completed such as human interaction, morphometrics, necropsy, rehabilitation disposition, etc. Include further details or comments on any of the Level A data fields from the front of the sheet.